

APPENDIX B

CHANGE NOTICE FORM

MASTER INFORMATION TECHNOLOGY SERVICES CONTRACT # 4400004480

Commonwealth of PA – Department of Health

&

Appriss Inc

PO Number: 4300494349

A. Introduction

This Change Notice to Purchase Order # 4300494349 is made this 17th day of July 2018 ("Effective Date"), by and between the Commonwealth of PA – Department of Health ("Commonwealth") and Appriss Inc ("Contractor").

The Commonwealth and Contractor are responsible for promptly obtaining all required consents necessary to authorize the Contractor to perform the Services set forth in this Change Notice.

B. Project Overview and Tasks

Prescriber Report Requirements:

- 1) The Prescriber Report solution shall reflect any/all opioid and anxiolytic medications as reported to the State PDMP during the time covered.
- 2) Each individualized report shall be created and electronically delivered to prescribers automatically on a quarterly basis.
- 3) PMP Prescriber Reports shall include:
 - a) Comparison of prescribing behavior to the following red flag indicators:
 - i) High dose therapy (based on MME)
 - ii) Combo therapy
 - iii) Treatment duration
 - b) Comparison of prescriber behavior to others in their specialty fields and statewide
 - c) Summary of patient and prescription volumes
 - d) Count of multiple provider episodes (defined as any patient whom went to 5+ Prescribers and 5+ Pharmacists in a 3-month period).
 - e) Summary of PDMP system usage
 - f) Reports generated for each prescriber who meets the following requirements:
 - i) Maintains a PDMP account
 - ii) Has written controlled substance prescription reported to the state PDMP within the last 6 months
- 4) PDMP Prescriber Reports delivered quarterly covering the previous 6 months of data must be sent via email to the prescriber's PDMP account email address as a pdf attachment. The email content shall be customizable and include the DOH logo.
- 5) Appriss shall customize the title of the Prescriber Reports at the request of the state Administrator.
- 6) Prescriber reports shall include the PA PDMP logo.
- 7) Alternative methods to access Prescriber Reports shall be made available to the prescriber/user via the PMP AWARxE platform, in addition to the email the prescriber/user receives.
- 8) Add functionality to PMP AWARxE to allow prescribers to download the PDF of any of their four (4) most recent quarterly reports directly from the web portal.
- 9) Administrators will be provided with access to Prescriber Reports via the Appriss Analytics BI tool (Tableau). Administrators must have ability to view a list of all prescribers who received a Prescriber Report. Only licensed admin users will have access to Appriss Tableau BI tool.

- 10) Appriss will provide the Administrator with bulk Prescriber Reports upon request. The state Administrator will provide Appriss with the DEA numbers for the prescriber reports requested. Appriss will deliver requested Prescriber Reports to PA via sftp site or s3 link delivery. Appriss will only retain the last four (4) prescriber reports, per prescriber. The file names shall consist of the prescriber's DEA number (e.g., FG957345.pdf). Prescriber Reports will be delivered quarterly. Prescriber Report Statistics will be delivered by Appriss within 7-10 business days after Prescriber Reports are delivered.
- 11) Medication Assisted Treatment (MAT) drugs shall be excluded from Prescriber Reports at the request of the state administrator at no additional cost. MAT drugs include but are not limited to:
- a) Buprenorphine (Subutex and Suboxone)
- 12) Appriss will provide upon request the top 100 prescribers, by specialty (if requested), for any or all metrics included in the Prescriber Report in CSV or XLSX format. Metrics include but not limited to:
- a) Number of opioid prescriptions written.
 - b) Total Morphine Milligram Equivalency (MME) of prescriptions written.
 - c) Number of patients exceeding the opioid risk threshold of 90 MME (not including MAT drugs).
 - d) Number of patients receiving dangerous drug combinations.
 - e) Number of patients exceeding the multiple provider threshold (greater than 5 pharmacies and 5 prescribers in the 6-month period).
 - f) Number of patients paying with Private Pay for controlled substances.
- 13) Top 100 lists for any given metric should include additional columns for other metrics in the Prescriber Report, at the request of the state administrator at no additional cost. For example:

Prescriber name	Number of patients exceeding 90 MME	Number of patients receiving dangerous drug combinations	Number of patients exceeding the multiple provider threshold
John Doe	10	4	3

- 14) Appriss shall include the “number of patients over 90 MME” metric on the prescriber report itself.
- 15) Specialty comparisons shall be calculated at the most specific taxonomy level available.
- 16) Metric definitions shall be attached to the prescriber report rather than a separate attachment in the email.
- 17) Metric definitions should detail how all metrics are calculated.
- 18) Prescriber reports shall include a link which will provide directions for how to access "My Rx." The document is called Metrics and Methodology.
- 19) A summary of metrics shall be accessible by the state administrator:
- a) Number of prescriber Report Cards disseminated on a quarterly basis.
 - b) E-mail open rates on a quarterly basis once they are sent out.
 - c) Number of prescribers with patients exceeding the opioid risk threshold of 90 MME.
 - d) Number of prescribers with patients receiving dangerous drug combinations.
 - i) Benzo+Opioid
 - ii) Carisoprodol+Opioid
 - iii) Benzo+Caris+Opioid
 - e) Top Ten Drugs per quarter from the prescriber report.
 - f) Pills and prescriptions by county per quarter.
 - g) Number of prescribers that were outliers.
 - i) Normal

- ii) High (1 standard deviation (SD) above the mean for the prescriber's specialty)
- iii) Severe (2 SD)
- iv) Extreme (3 SD)
- h) Number of outliers by specialty type per quarter (Outliers would be based on the standard deviations listed above).
- i) Total number of queries made per quarter based on county.
- j) Number of active prescriber users (at least one query within that quarter) per county.
- k) A list of the top 50 outliers.

C. Time Estimates / Delivery Schedule

The Prescriber Reports enhancements service shall be provided to PA PDMP Office by August 31, 2018.

The initial Prescriber Reports shall be compiled and delivered to PA PDMP Office by August 31, 2018. Subsequent Prescriber Reports shall be compiled and delivered to the PA PDMP Office by October 31, 2018 and January 31, 2019.

D. Change Notice Cost

Functionality items	Cost	Timeline
Cost for Prescriber Reports Enhancements	\$13,892.00	August 31, 2018
Prescriber Reports Base Package One-time fee	\$75,000.00	August 31, 2018
Prescriber Reports Base Package Prorated Subscription Fee (valid from the Effective Date of this Change Notice to February 1, 2019) - Charged Day 1 of Deployment	\$37,500.00	August 31, 2018
Total Cost	\$126,392.00	

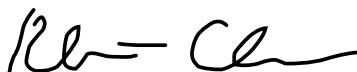
In accordance with Sections 16 (INVOICES) and 18 (INSPECTION AND ACCEPTANCE) of the Terms and Conditions of the Master Information Technology Services Contract #4400004480, Appriss shall invoice the Commonwealth for services performed only after acceptance of the services.

E. SOW Acceptance

This Change Notice is acceptable to the Commonwealth and the Contractor. Intending to be legally bound, the Commonwealth and Contractor agree to modify the Statement of Work attached to the PO # 4300494349 as outlined in this Change Notice.

Approved (date): _____
(entered by Commonwealth)

Contractor



Authorized Contractor Signature

Robert Cohen

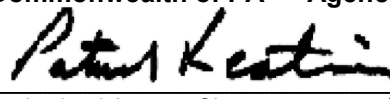
Printed Name

President, Appriss Health 07/18/2018

Title

Date

Commonwealth of PA – "Agency"



Authorized Agency Signature

Patrick Keating

Printed Name

CIO

Title

07/18/2018

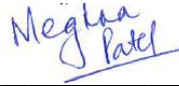
Date

Contractor

Authorized Contractor Signature

Printed Name

Title

Date**Commonwealth of PA – “Agency”**

Authorized Bureau/Office Signature
Meghna Patel

Printed Name
Director, PDMP Office

07.19.2018

Title

Date**F. Project Completed and Accepted**

The Project was completed in accordance with this Change Notice. The parties hereby accept as completed all work indicated in this Change Notice.

Approved (date): _____
(entered by Commonwealth)

Contractor

Authorized Contractor Signature

Printed Name

Title

Date**Commonwealth of PA – “Agency”**

Authorized Bureau/Office Signature
Meghna Patel

Printed Name
Director, PDMP Office

Title

Date

PLEASE ATTACH HARD COPY OF PURCHASE ORDER
REFERENCING THIS CHANGE NOTICE